

Congressional Internship Application

Washington D.C. Office

Please complete and return to: ATTN: Intern Coordinator Fax: (202) 228-1265 Email: internships@brownback.senate.gov	Application Checklist: Completed Congressional Internship Application Current Resume Two Letters of Recommendation I-page Essay Signed and Dated Rules Consent Form Additional Writing Sample (Optional)			
BIOGRAPHICAL INFORMATION				
Name:		Current Address:		
Social Security Number:				
Date of Birth:		Permanent Address:		
Gender: Male Female				
College/University:		Specific issues areas of interest to you:		
Year in School:				
Primary Telephone Number:				
Secondary Telephone Number:				
E-mail:				
Desired Internship Session:		Applicable skills:		
□ Spring Session (January – May)				
☐ Summer Session I (May – June)				
☐ Summer Session II (July – August)				
☐ Fall Session (September – December)				
ACADEMIC INFORMATION				
Do you seek academic credit for this internship:		No No	Advisor's Name:	
Academic Major(s):			Daytime Phone:	
GPA:		E-mail:		
OCCUPATIONAL INFORMATION				
Work or volunteer experience (beginning with the most recent):		Activities:		
(**3				



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	REFERENCES		
Please list 2 individuals who will be writing yo	our letters of recommendation		
Academic Reference	Character Reference (community/volunteer/work/activity related)		
Name:	Name:		
Title:	Title:		
Address:	Address:		
Telephone Number:	Telephone number:		
E-mail:	E-mail:		
Please attach two letters of recommendation	and submit with application materials.		
PARENTA	GUARDIAN INFORMATION		
Name:	Name:		
Occupation:	Occupation:		
Address:	Address:		
Telephone Number:	Telephone number:		
E-mail:	E-mail:		
	page essay detailing your interest in appointment in this internship. or consideration at the discretion of the applicant.		
CONGRESSIONAL F	RULES AND REGULATIONS CONSENT		
If selected, I hereby agree to abide by the rul Senator Sam Brownback.	es and regulations for congressional employees and the office of		
Signature of Applicant	Date		